



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 3405 Mount Vernon Avenue, Alexandria, VA 22305

TAX MAP REFERENCE: 015.02-06-09

ZONE: CSL

APPLICANT

Name: Mid-Atlantic Lubes, L.L.C. dba Valvoline Instant Oil Change

Address: 54 Jaconnet St, Newton Highlands, MA 02461

PROPERTY OWNER

Name: Moin Corp

Address: 2925 Gallows Road, Falls Church, VA 22042-1024

SITE USE: automotive lubrication service facility

Business Name:

Current: Lube It! Pennzoil 10 Minute Oil **Proposed (if changing):** Valvoline Instant Oil Change BA0042

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Mid-Atlantic Lubes, L.L.C., Kelly-Ann Taintor, Assoc. Dir., Corp. Dev.

Print Name of Applicant or Agent

54 Jaconnet St

Mailing/Street Address

Newton Highlands, MA 02461

City and State

Zip Code

Signature

617-340-8924

Telephone #

617-243-9181

Fax #

ktaintor@vioc.net

Email address

1/16/25

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 96-0064

Date approved: 9 / 21 / 96
month day year

Name of applicant on most recent special use permit Ahmad Moinamin

Use Light automobile repair

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Previous operations conducted light vehicle service. Moving forward our business operations will provide a portion of those services which will focus on providing automotive lubrication and preventative maintenance services

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No proposed changes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. **Is the use currently open for business?** ☒ Yes ☐ No

If the use is closed, provide the date closed.

_____/_____/_____
month day year

5. **Describe any proposed changes to the conditions of the special use permit:**

none

6. **Are the hours of operation proposed to change?** ☒ Yes ☐ No

If yes, list the current hours and proposed hours:

Current Hours:

Mon-Fri 9:00am - 6:00pm

Sat 8:00am - 5:00pm

Sun 10:00am - 4:00pm

Proposed Hours:

Mon - Fri 7:30am - 7:00pm

Sat 7:30am - 7:00pm

Sun 9:00am - 5:00pm

7. **Will the number of employees remain the same?** ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. **Will there be any renovations or new equipment for the business?** ☒ Yes ☐ No

If yes, describe the type of renovations and/or list any new equipment proposed.

new lube specific trade fixtures, equipment and tanks, interior refresh including paint.

9. **Are you proposing changes in the sales or service of alcoholic beverages?** _____ Yes ☒ No

If yes, describe proposed changes:

not applicable

10. **Is off-street parking provided for your employees?** ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

5

11. **Is off-street parking provided for your customers?** ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

3

12. **Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

not applicable

Proposed:

13. **Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. **Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. **The applicant is the** (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. **The applicant is the** (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

Business Ownership:

Mid-Atlantic Lubes, L.L.C. which is 100% solely owned by Henley Enterprises, Inc.
Henley Enterprises Inc ownership over 10% is as follows:

Donald R. Smith 50.61%

Donald R. Smith, Trustee of The Pamela Burkes-Smith 2012 Family Trust dated December 21, 2021 22.14%

Bradford J. Smith, Trustee of The Donald R. Smith Irrevocable GST Trust of 2020 - 16.87%